

STD 262 (REV 10/92)

CLAIMANT'S NAME

Jeff Macedo

[illegible]

Deputy Press Secretary

RESIDENCE ADDRESS

SSAN OR EMPLOYEE NUMBER

613-09-3978

DEPARTMENT

Press

DIVISION OR BUREAU

Office of the Governor

[illegible]

HEADQUARTERS ADDRESS

State Capitol

СПУ

STATE

ZIP

Sacramento

CA

95814

MONTH/YEAR		LOCATION WHERE EXPENSES WERE INCURRED	LODGING	MEALS			INCIDENTALS	TRANSPORTATION				BUSINESS EXPENSE	TOTAL EXPENSES FOR DAY	
DATE	TIME			BREAKFAST	LUNCH	DINNER		COST OF TRANS.	TYPE USED	CARFARE, TOLLS, PARKING	PRIVATE CAR USE			
											MILES	AMOUNT		
22-Apr	9a	Pleasanton									220	97.90		97.90
														0.00
														0.00
														0.00
														0.00
														0.00
														0.00
												0.00		0.00
												0.00		0.00
												0.00		0.00
												0.00		0.00
												0.00		0.00
												0.00		0.00
												0.00		0.00
												0.00		0.00
												0.00		0.00
SUBTOTALS			0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	220	97.90	0.00	
COLUMN CODE (ACCTG. USE ONLY)														
CLAIM TOTAL													\$97.90	

PURPOSE OF TRIP, REMARKS AND DETAILS (Attach receipts when required)

Staff the Governor's event at Shaklee Corp.

NORMAL WORK HOURS

PRIVATE VEHICLE LICENSE NUMBER

4PRT222

MILEAGE RATE CLAIMED

0.445

AGENCY ACCOUNTING OFFICE

USE ONLY

PAID BY REVOLVING FUND CHECK NUMBER:

I HEREBY CERTIFY, That the above is a true statement of the travel expenses incurred by me in accordance with DPA rules in the service of the State of California. If a privately owned vehicle was used and if mileage exceeds the minimum rate, I certify the cost of the operating the vehicle was equal to or greater than the rate claimed, and that I have met the requirements as prescribed by SAM Sections 0750, 0751, 0752, 0753 and 0754 pertaining to vehicle safety and seat belt usage.

CLAIMANT'S SIGNATURE

DATE _____

SIG

DATE _____

SIGNA

SES

DATE

5/12/09